

MONTHLY INCOME & EXPENSES

| INCOME | TOTALS | EXPENSES | TOTALS |
|------------------------------|---------------|---|---------------|
| Basic Salary / Wage | _____ | Assurance (Life, Retirement Annuities) | _____ |
| Average Commissions | _____ | Domestic Wages | _____ |
| Investments | _____ | Donations | _____ |
| Interest Income | _____ | Education | _____ |
| Rental Income | _____ | Groceries | _____ |
| Housing Subsidy | _____ | Insurance and Funeral Policies | _____ |
| Average Overtime | _____ | M-Net, DSTV and TV License | _____ |
| Monthly Car Allowance | _____ | Maintenance / Alimony | _____ |
| Travel Allowance | _____ | Petrol and Transport Costs | _____ |
| Income from Sureties | _____ | Security | _____ |
| Maintenance / Alimony Income | _____ | Medical - If not payslip deduction | _____ |
| Future Rental Income | _____ | Rental - Would this amount fall away if bond is approved? | _____ |
| Other | _____ | Water and Lights | _____ |
| Other | _____ | Other | _____ |
| Other | _____ | Other | _____ |
| TOTAL INCOME | _____ | TOTAL EXPENSES | _____ |

| DEDUCTIONS | TOTALS |
|----------------------------------|---------------|
| Income Tax – PAYE / SITE | _____ |
| Pension | _____ |
| U.I.F | _____ |
| Medical Aid *If Salary deduction | _____ |
| Other Deductions | _____ |
| SUB-TOTAL DEDUCTIONS | _____ |

EXPENSES (CONTRACTUAL)

Cellphone / Telephone and ISP

| | | |
|-------------------|---------------|-------|
| Description _____ | Monthly _____ | _____ |
| Description _____ | Monthly _____ | _____ |
| Description _____ | Monthly _____ | _____ |

Credit Cards

| | | |
|-------------------|---------------|---------------------------|
| Description _____ | Monthly _____ | Outstanding Balance _____ |
| Description _____ | Monthly _____ | Outstanding Balance _____ |
| Description _____ | Monthly _____ | Outstanding Balance _____ |

Loans - Personal, Student etc

| | | |
|-------------------|---------------|---------------------------|
| Description _____ | Monthly _____ | Outstanding Balance _____ |
| Description _____ | Monthly _____ | Outstanding Balance _____ |
| Description _____ | Monthly _____ | Outstanding Balance _____ |
| Description _____ | Monthly _____ | Outstanding Balance _____ |
| Description _____ | Monthly _____ | Outstanding Balance _____ |

Retail Accounts - Clothing, Store Cards

| | | |
|-------------------|---------------|---------------------------|
| Description _____ | Monthly _____ | Outstanding Balance _____ |
| Description _____ | Monthly _____ | Outstanding Balance _____ |
| Description _____ | Monthly _____ | Outstanding Balance _____ |

Signature _____ Date _____

Consent form - Experian Credit Form

I, the undersigned: _____
[Insert consumer's full name and surname]

Identity Number: _____

Mobile: _____

Email: _____

Physical Address: _____

I do hereby appoint **BetterLife Origination Services Proprietary Limited ("my Representative")** to be my lawful representative and agent in my name, place and stead, to obtain a copy of my personal credit report ("PCR") from Registered Credit Bureau (Pty) Ltd, to be used solely for the following purposes – (a) providing me with advice or assistance with managing my credit, by having reference to the content of my PCR; (b) challenging the accuracy of information contained on my PCR; and (c) investigating information held on me by the registered credit bureau.

I consent to the Registered Credit Bureau releasing a copy of my PCR in PDF or XML format to my Representative and to my Representative having sight of the content of my PCR for the above purpose. Furthermore, I consent to my Representative providing all personal information provided by me to it in relation to accessing my PCR to the registered credit bureau for purposes of updating my credit record.

My Representative may request my PCR from the registered credit bureau on condition that s/he undertakes: (a) not to store, host, retain, resell, on-sell or make available my PCR to any third party or agent, or use my PCR to compile any other databases; (b) not to amend or add any information on my PCR or deal with my PCR in contravention of any applicable laws; (c) not to use any information contained on my PCR for any other reason, save that set out in clause (a) to (c) above; (d) to destroy my PCR immediately after it has served the purpose for which it was obtained on my behalf; (e) to provide to Registered Credit Bureau with the name of all persons who will have access to my PCR for as long as it's in my Representative's possession, before it is destroyed.

I am aware that I am entitled to one free PCR per year from any registered credit bureau and that I can obtain my free PCR by contacting the credit bureau directly, either telephonically, by way of email, fax or attending on the office of the credit bureau in person. I am aware that I have the right to challenge the accuracy of any information contained on my PCR directly with a credit bureau. **Attached to this is a copy of my ID document.** I confirm that the information furnished herein to the registered credit bureau is true and correct.

Signed at _____ on this _____ day of _____

Consumer / Client Signature: _____